

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90125 039 ****50.00

DOCUMENT # **L99000007830**

1. Entity Name

THOMAS & CARR, LLC

Principal Place of Business

**2310 N. NEBRASKA AVE., SUITE B
TAMPA FL 33602**

Mailing Address

**2310 N. NEBRASKA AVE., SUITE B
TAMPA FL 33602**

2. Principal Place of Business

1714 W. Cass Street

Suite, Apt. #, etc.

3. Mailing Address

1714 W. Cass Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL 33606

City & State

Tampa, FL 33606

4. FEI Number

59-3609172

Applied For

Not Applicable

Zip

33606

Country

Hillsb.

Zip

33606

Country

Hillsb.

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, FLORAN
3613 CYPRESS MEADOWS RD
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **THOMAS, FLORAN**
STREET ADDRESS **2310 N. NEBRASKA AVE.**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **M** ☐ Delete
NAME **CARR, BONNIE J**
STREET ADDRESS **2310 N. NEBRASKA AVE.**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1714 W. Cass Street**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS **1714 W. Cass Street**
CITY-ST-ZIP **Tampa, FL 33606**

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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/22/02 813821-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)